SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
--Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

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BAYFIELD COUNTY WISCONSIN



INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

aid. Bayfield Co. Zoning Dept.

(If there are faultiple Durfiers listed on the Deed <u>All</u> Owners must sign <u>or</u> letter(s) of authorization must accompany this application) Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	above described property at affily reasynable fungily Owner(s):	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permay be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering	Secretarial Staff. Oth			Rec'd for Issuance	Mail albai ose	_	□ Mc	Bu	☐ Commercial Use	- I		■ Residential Use		Pri	Proposed Use	Proposea construction:	Existing Structure: (if permit being app		Property	Run a Business on	V Conversion X Relocate (existing bldg)	1 -		Value at Time of Completion Project * Include donated time & material	Non-Shoreland		☐ Is Property/Land Creek or Landware	Section LO , Township 4		'	PROJECT Location Legal Description:	Authorized Agent: (Person Signing Application o	12	43/50 Kavavavah	Marine MCANI
the Deed <u>All</u> Owners must sign <u>or</u> g on behalf of the owner(s) a lette	or the purpose of inspection.	LURE TO OBTAIN A PERMIT OF STAR companying information) has been exan fall information I (we) am (are) providing information I (we) am (are) providing in	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	Accessory Building Addition/Alteration	Accessory Building (specify)	3	Mobile Home (manufactured date)	nkhouse w/ (□ sanitary, <u>or</u> [with Attached Garage	with (2 nd) Deck	with (2) Porch	with a Porch	with Loft	Principal Structure (first structure on property) Residence (i.e. cabin hunting shack etc.)			(if permit being applied for is relevant to it)		☐ Foundation	k	□ ∠-story □ Basement		1 0	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stre Creek or Landward side of Floodplain? If y	N, Range W	در	Gav't Lot Lot(s) CSM	(Use Tax Statement) PIN: (23	Signing Application on behalf of Owner(s)) Agent	_		740.000
Derfiers listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)		ITING CONSTRUCTION WITHOUT A PEI nined by me (us) and to the best of my (our) and that it will be relied upon by Bayfield (a) or with this application. I (we) consent to	- Linkstein and American Ameri		t to the state of	(specify)	1091194	١	ate)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	rage	Principle of the control of the cont			טומכא, כנכי)	ture on property)	Proposed Structure	reigni.	Length: 5%			None		X Year Round 2		Use of bedrooms		Pond or Flowage Distance Structure If yescontinue	₩ ittent)	1 Z	Town of:	ol & Page	PIN: (23 digits) 04-017-7-43-07-/8-2 00	ione:	Öne	3	C. FOR SO!
I	To the property of the control of th	AMIT WILL RESULT IN PENALTIES knowledge and belief it is true, correct a county in determining whether to issue a county officials charged with administer	Abstract and a second and a sec		A CONTRACTOR OF THE PARTY.		I.		WANTE TO THE PARTY OF THE PARTY	g & food prep facilities) ((AN CACELL	width:	- Rolle	☐ Compost Toilet	ł	Privy (Pit) or	□ (New) Sanitary Specify	Municipal/City			tructure is from Shoreline :			17 HSS:	<u></u>	0-116-12200 Recorded D	Agent Mailing Address (include City/State/Zip):	MAAA PARA AMAA AMAA AMAA AMAA AMAA AMAA	(82)	287 841
Date	Date 11-20-14	nd complete. I (we) acknowledge that I (we) acknowledge that I (we) a permit. I (we) further accept liability which ing county ordinances to have access to the	x)	X)	X)	`	24 × 50 1 27 8	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X)	x)	x)	x)	X	X	x :	X)	Dimensions Square Footage	ii gigin.	Height: 14	Althibiting and a second and a		contract)	Vaulted (min 200 gallon)		Type:		-		Is Property in Are Wetlands Floodplain Zone? Present?	1.0	10553	・レル・	d Document: (i.e. Property Ownership)	Written Aut Attached		699-4292	Cell Phone: 207

Attach

Copy of Tax Statement

Fryou recently purchased the property send your Recorded Deed

Address to send permit SQM &

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- Show Location of:
 Show / Indicate:
 Show Location of (*):

- Show:
- (2) (4) (5) (6) (7) Show:
- Show any (*): Show any (*):

- Proposed Construction

 North (N) on Plot Plan

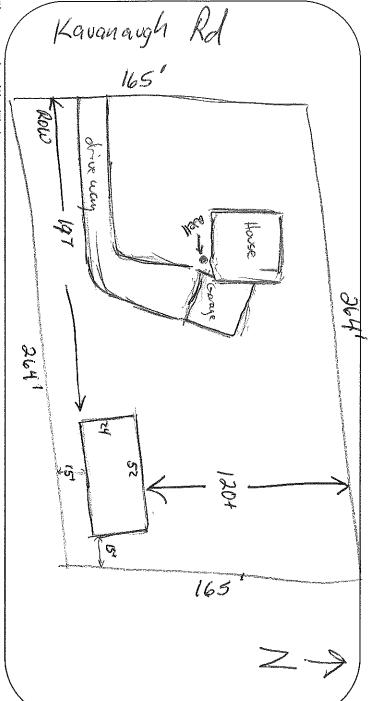
 (*) Driveway and (*) Frontage Road (Name Frontage Road)

 All Existing Structures on your Property

 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

 (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Peccintion	Measurement	Pn†	Description	Measurement	
CONTROL IN A LIGHT WAS I DESCRIPTED BY A PROPERTY OF A PRO					
Setback from the Centerline of Platted Road	1004	Feet	Setback from the Lake (ordinary high-water mark)	MA,	Feet
Setback from the Established Right-of-Way	+061	Feet	Setback from the River, Stream, Creek	NA	Feet
			Setback from the Bank or Bluff	14.00	Feet
Setback from the North Lot Line	+06/	Feet			
Setback from the South Lot Line	Ź	Feet	Setback from Wetland	NH	Feet
Setback from the West Lot Line County Ko	S B	Feet	20% Slope Area on property	☐ Yes 🇼 🌣	X No
Setback from the East Lot Line	'ب	Feet	Elevation of Floodplain	70	Feet
	•				
Setback to Septic Tank or Holding Tank	#. \$	Feet	Setback to Well	100+	Feet
Setback to Drain Field	NH,	Feet			
Setback to Privy (Portable, Composting)	NH	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:				
Permit #: 14_0165	Permit Date: 12.4-14	7			
Is Parcel a Sub-Standard Lot	us Lot(s)) R No	Mitigation Required □ Yes Mitigation Attached □ Yes	XNo XNo	Affidavit Required Affidavit Attached	□ Yes X No
Granted by Variance (B.O.A.) ☐ Yes 从 No Case #:		Previously Granted by Variance (B.O.A.)	Variance (B.O.A.) Case #:	***	
Was Parcel Legally Created		Were Property Line	Were Property Lines Represented by Owner Was Property Surveyed X	Xyes Xyes	□ No
Inspection Record: West all stylicals with the way of the control	all set be	be,		Zoning District (Lakes Classification ((R-1) (DH)
Date of Inspection: 17-4-14	Inspected by: MM, 4 with	Fuital		Date of Re-Inspection:	tion:
Condition(s): Town, Committee or Board Conditions Attached? Tyes I No (If No they need to be attached) flum buy	ned? Dyes DNO (IFIN	o they need to be attag	To plan be	H	atured in
structure. No voterunder pressure in structure	ed pressure	mstruct	ine.		
Signature of Inspector III Collan I Contain	1			Date of Approval	'al'/4
Hold For Sanitary:	Hold For Affidavit:		Hold For Fees:		